

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 Dover, Delaware 19904-2467

STATE OF DELAWARE **DEPARTMENT OF STATE**

DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500 Fax: (302) 739-2711 WEBSITE: WWW.DPR.DELAWARE.GOV

BOARD OF FUNERAL SERVICES

APPLICATION INSTRUCTIONS FOR LIMITED LICENSURE

General Information

These instructions apply to applicants applying for a <u>limited</u> funeral director license pursuant to 24 Del. C. §3108. Section 3108 provides that,

A limited license will allow the licensee to make a removal of a dead human body in this state; to return the body to another state or country; to return dead bodies from another state or country to this State for final disposition; to complete the family history portion of the death certificate; to sign the death certificate in the licensee's capacity as a licensed funeral director; and to execute any other procedures necessary to arrange for the final disposition of a dead human body.

Per §3108, "the Board shall issue a limited license to a person, who is validly licensed as a funeral director by another state of the United States, its possessions, territory or the District of Columbia; provided that a similar privilege is granted by that jurisdiction to Delaware licensed funeral directors."

Requirements

Please submit:

- Completed, signed and notarized application form (please answer all questions).
- Non-refundable pro-rated processing fee, by check or money order, made payable to "State of Delaware".
- Verification of current licensure as a funeral service practitioner in either Maryland or Pennsylvania. This document must be sent directly from that state to the Delaware Board office. Delaware currently has limited licensure agreements only with the State of Maryland and the State of Pennsylvania.



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BOARD OF FUNERAL SERVICES APPLICATION FOR LIMITED LICENSE TO PRACTICE FUNERAL SERVICE

1. Applical	nt Name Last	First		M.I.
O. Duning				
Z. Busines	s Address Street		City	State/Zip
3. Resider	nce Address			
	Street		City	State/Zip
4. Day Tel	ephone Number	5. Home Telepho	ne Number	
6. Email A	ddress			
7. Social S	Security Number			
must be <u>co</u> all required Application discarded. Please not	mplete two full business days documentation and correct places that are not complete within The Board office will attempt e: When your application is	n six (6) months of filing may be to notify you before disposing somplete, please allow 4-12	ete applicat be consider g of an aba 2 weeks to	red abandoned and ndoned application. receive your license. A
<u> </u>	•	s all required documentation a	nd correct	payment.
State of))SS		
County or 0	City of)		
person whetrue, that understand	signed, naving first been du o completed and signs this he/she has not suppressed is that participating or coope e denial or revocation of the	lly sworn (or affirms) accordi application, that the stateme any information that might trating in fraud or material dec application or license and ma and that he/she has read and	nts contair affect this ception in candatory re	ned in the application are application, that he/she order to be licensed could aporting of such actions to
			Dated:	
Signature of	of Applicant			
Sworn and	subscribed to before me this	s of	, 2	20
		My commission expir	es:	
Notary Pub	olic	·		